



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90136 007 \*\*\*\*50.00

<b>DOCUMENT # M05000002377</b> 1. Entity Name <b>KALMIA, LLC</b>					
Principal Place of Business <del>118 W. CERVANTES ST.</del> <del>PENSACOLA, FL 32502</del>			Mailing Address <del>118 W. CERVANTES ST.</del> <del>PENSACOLA, FL 32502</del>		
2. Principal Place of Business <b>422 N BAYLEN</b>		3. Mailing Address <b>422 N BAYLEN</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>		4. FEI Number <b>33-0969922</b>	
Zip <b>32501</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32501</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BALL, BRADEN K JR.</b> <b>226 PALAFOX PLACE, NINTH FLOOR</b> <b>PENSACOLA, FL 32502</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>REBUILDING AMERICA, INC.</b> <del>118 W. CERVANTES ST.</del> <b>PENSACOLA, FL 32502</b> →	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>REBUILDING AMERICA, INC.</b> <b>422 N BAYLEN ST</b> <b>PENSACOLA, FL 32501</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>  <b>BRADEN VERGE</b>			Date <b>1/12/06</b> Daytime Phone # <b>850-432-0283</b>		